<b>A</b>	Every item of infor- ITSICIANS should state statement of OCCUPA-	
OR BINDING	A PERMANENT IN Stated EXACTLY. Fill operly classified. Exact	rtificate.
MARGIN RESERVED FOR BINDING	WRITE PLAI. I, WITH UNFADING INK—THIS IS A PERMANENT INC. Every item of information should be carefully supplied. AGE should be stated EXACTLY. FHISICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	See instructions on back of cer
V. S. No. 1	N. B.—WRITE PLAI. I, WITH UNFADING INK—THIS IS A PERMANENT IN S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. FHISICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	0699
County Workester	Registration Dist. No. 332
Village or City Ariendshin	No
Length of residence in city or town where death occurred vrs.	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Aredrich 711 1	2mos
The state of the s	leauthamp
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  If married, widowed, pr divorced HISRAND of	21. DATE OF DEATH (Month) (Oay) , 193.5 (Year
HUSBANO of Jillie Beauchams.	22. I HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH (month, day, and year) Oct. 23 1891	last saw have alive on Rece 1 U 1935 death le
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1045. And
44 8 19 Iday,hrs.	
8. Vrade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business in which Austonia wheele	alcoholie lamo
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and 1925)  year) 11. Total tima (years)  spent in this occupation 15	
	Other Contributory Causes of importance:
(State or country)	act motocardilis
13. NAME Churles M. Beauchanns	three days! Care
14. BIRTHPLACE (city or town) / Md	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charlebelle Collins	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
(Address) Seslin my	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tromabe City Date June 1.2, 1930	Nature of injury
UNDERTAKER A Darsbage (Address)	24. Was disease or injury In any way related to occupation of deceased?
FILEO bring 11 1975 - D. V. Munchad	If so, specify (Signed) (Signed)

Statement of occupation.—Precise state that of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		Name and the second of the sec	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

of OCCUPA.

### STATE OF MARYLAND-CERTIFICATE OF DEATH

I. PLACI	E OF DEATH			456			
County	Worcester		WITHIN GO	Registration Dist. No.			
Village	or City Pocomok	e City		No. 6th and Market St., S. Ward death occurred in a horpital or institution, give its NAME instead of street and number)			
Length o	of residence in city or town when	e death occurred	vrs mos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.			
	NAMEIsabel E			113			
	sidence: No.6 th. an			A. O			
(a) Re	sidence: No. 3 611 . 8.11		e of abode)	St., S. Ward.  If nonresident give city or town and State			
PERS	SONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write to Single)  White Single		ED (write the word)	21. DATE OF DEATH POCOMOKe City, June 4th. 1935 (Month) (Day) (Year)				
5a. If married, HUSBAND	widowed, or divorced						
(or) WIFE				22. 1 HEREBY CERTIFY, That I attended deceased from			
A DATE OF BU	RTH (month, day, and year) a	n 12+h 1	017				
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, atm.			
	22 4	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8. Trade,	profession, or particular		ormin.	were as follows: From history this girl was			
NO King SAN	d of work done, as SPINNER, WYER, BOOKKEEPER, etc	At home	9	found-dead in bed there was no			
	y or business in which k was done, as SILK MILL,			indications of any foul play.			
0	W MILL, BANK, etceceased last worked at	11 Total	time (years)				
	occupation (month and r)	sp.	ent in this	Death was from a natural cause			
an Dipriidi Ad	E (city or town) Frankl	in City		Other Coutributory Causes of importance:			
(State o	r country) Vir	ginia.		- The deceased was operated on by			
13. NAME	William J.Bi	rch					
13. NAME	LACE (city or town) Chi	ncoteagi	1e				
(31)		Virginia		What test confirmed diagnosis? Was there an autopsy?			
15. MAIDE	N NAME Bertha 1	.Strick.	land	23. If death was due to external causes (VIOLENCE) fill in also the following:			
5 16. BIRTHP	LACE (city or town) Lyme	Regis		Accident, suicide, or homicide? Date of injury, 19			
≥ (St	ate or country)	ngland.		Where did injury occur? (Specify city or town, county and State)			
	Mrs.Bertha N			(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Addres	s) Pocomoke Ci	ty, Mary	Land.				
	Beth Eden Cen	. Date June	e 6th ,.35	Manner of injury			
				Nature of injury			
19. UNDERTAKE	Vernon P.St  Pocomoke Ci	tar Man-	1 - 20 2	24. Was disease or injury in any way related to occupation of deceased?			
	e5,19-35			(Signed) Jan 7. Ruley Registrarm. D.			
20. FILEDULT	e 5., 19.35	About 1	are y	(Address) Pocomoke City. Md			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ICIA	A.
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06 +		(23)			
County Novelsier	***********		Registration	Dist. No. 35	4
Village or City Wellows	me	NoNo	-i-sinuii is NA NA	St.,	Ward
Length of residence In city of town where		sds. How long in U			
2. FULL NAME Willis	· toolling				
(a) Residence: No. Well	Lourne md	St., Ward.			
	(Usual place of abode)	0		give city or town	
PERSONAL AND STATIST		-1	AL CERTIFICATE	OF DEATH	1
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEA	TH June	5	
male botored	Single		(Month)	(Day)	(Year)
ia. If married, widowed, or divorced HUSBAND of		22. I HER	EBY CERTIF	Y. That I attend	ded deceased from
(or) WIFE of	A	May 20.	1935, to 2	May 20.	, 1935
B. DATE OF BIRTH (month, day, and year)	ept. 5. 1916	I last saw have alive	on May 20	190	(5; death is sai
. AGE Years Months	Days If LESS than	The state of the s	te stated above, at 9.4	,	
18 9	1 day,hrs	The PRINCIPAL CAUSE O were as follows:	F DEATH and related cause	es of importance	Date ol onse
8. Trade, profession, or particular	TOO				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ann Jarou	A. A.			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Carlmon	rasy		
10. Date deceased last worked at	11. Total time (years)	F	1		
this occupation (month and 1938	spent in this occupation	e One	ssamoes	<u>a</u>	Cm
2. BIRTHPLACE (city or town) _ AAA	1 , 1	Other Contributory Causes	of Importance:		
(State or country) Mary	land.	_			
13. NAME Franks	Collins.				
13. NAME Frank 14.  14. BIRTHPLACE (city or town) filed	uland	Name of operation		Date o	)f
(State of country)	frema	What test confirmed diagno	osls?	Was there	an aulopsy?
15. MAIDEN NAME Maggee	Statori,	23. If death was due to exte	rnal causes (VIOL ENCE) fil	II in also the follow	wing: -
15. MAIDEN NAME MAGAGE  16. BIRTHPLACE (city or town) 7		Accident, suicide, or homic	ide?	Date of injury	, 19
(State or country)	yeara.	Where did injury occur?	(Specify city or	town, county and	State
17. INFORMANT Ungelo (b) (Address)	lioner.	Specify whether injury occ	urred in INDUSTRY, in HO	IME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Q M	Manner of injury			
Place eld M- lauls	Date / 1935	Nature of injury			
19. UNDERTAKER K.a. Dh	ields	24. Was disease or injury in	any way related to occup	ation of deceased?	No
(Address) Zeew	church Va	If so, specify		-1	
20, FILED June 6 1925 (	nan M. Taybe	(Signed)	w de de	chess	DUM.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	de la company de	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			LEE

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECED. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
(M)	of i	plr	CCL	
	tem	shor	0 J	
0	ry i	NS	nt c	
5)	Eve	CIA	eme	
4	S	YSI	stat	
	3	PH	act	
-	r R.	Υ.	Ex	
TG.	ENJ	TL	ed.	
DIA	IAN	AC	ssifi	
SIN	ERN	EX	cla	نه
R	A P	ed	erly	ficat
MARGIN RESERVED FOR BINDING	IS	stat	pro	certi
GD GD	HIS	þe	þe	of
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SE	INK	sh	it i	on
RE	5	AGE	that	ons
Z	DI	70	, S0	ucti
RG	NFA	plie	rms	instr
MA	T C	sup	in te	see i
3	VITI	ully	pla	t.
	Y, V	aref	H in	rtan
	IN	be c	TYE	10N is very important. See instructions on back of certificate.
	LAI	plu	DI	ery i
	E	sho	E 01	S Ve
	RIT	tion	USI	NO
	3	a	4	ĭ

1. PLACE OF DEATH	AIE C	F MAR	YLAND-	O7000
County Worses	Ton			Registration Dist. No. 35/
Village or City hear	Suor		(11	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long In U. S. If of foreign birth?
2. FULL NAME B	1	00		101 101g 11 0 1010/gh 2/11/11
	roy P	vaxe		
(a) Residence: No	<u> </u>	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND	STATIST		the state of the s	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR Co	OR RACE		RIED, WIOOWED, O (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorce	d			
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, a		w 6.193		1 last saw h alive on
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, atm.
0	0	0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or parti kind of work done, as SAWYER, BOOKKEEPE	SPINNER,	V		Dead born so say
SAWYER, BUOKKEEPE 9. Industry or business in w	K, etc hich		***************************************	San Paris de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la
kind of work done, as SAWYER, BOOKKEEPE 9. Industry or business in w work was done, as SIL SAW MILL, BANK, etc.	K MILL,			Malvye.
O. Oate deceased tast worke this occupation (month year)	d at	spe	ime (years) nt in this upation	
12. BIRTHPLACE (city or town)	en han	11:11	Worrater	Other Coutributory Causes of importance:
(State or country)	7,6.70	md	THE RESIDENCE OF THE PARTY OF T	9
13. NAME POR	71/1/1	10000		
13. NAME Earl  14. BIRTHPLACE (city or town	hours	Is med		Name of operation
(Slate or country)	). Chestage. Va.			What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Cole	:0 K	Dale		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME CALL	near &	now Hi	002_1	Accident, suicide, or homicide?
(State or country)	J. T. P. J. A.		-7	Where did injury occur?
17. INFORMANT	Je H	ale	R#Z	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REM	OVAL			Manner of Injury
Place Strien & At	ip	Oate June	7 19.35	Nature of injury
19. UNOERTAKER Thomas (Address) Success	D. L.C.	ale.	R.F.S.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 4 7 , 19	357	E Roy &	Registrar.	(Signed) LE Con School A. V. og M.D.  (Address) Super Hell midd
	If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EMIREAU V. S			
Other contributory causes of importance:	22	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1 N. B.—

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE C	FN	MARYL.	AND-	CERTIF	FICA	TE	OF	DEA	T	H
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1	. PLACE OF DE	ATH	I WAN	MERIT SERVE	White of Go	001
	CountyV	lorcester			Registration Dist. No.	30
	Village or City	Pocomoke	City		NoSt.,St.,St.,St. NoSt.,St. NoSt.,St. NoSt. No	
2	. FULL NAME.	Mary E.G	rise			
	(a) Residence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
	PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		Nhite		RIED, WIDOWED, O (write the word) e d.	21. DATE OF DEATH Pocomoke City, June 24th. (Month) (Dev)	, 1935 , (Year)
	If married, widowed, or of HUSBAND of (or) WIFE of Rev	.Charles		h.1858	22. JUNE 20 1935, to JUNE 24"  I last sew h FR alive on JUNE 24", 1935	1955
7.	AGE Years	Months	Days	If LESS than	to have occurred on the dete stated above, A. 45P. a.m.	
	76	10	12	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	SAWYER, BOOKI 9. Industry or busines work wes done, SAW MILL, BAN 1D. Date deceased lest this occupation ( year)	as SILK MILL,	11. Total ti	me (years) Life tin this	DIAGELIS	YEAR'S
_	BIRTHPLACE (city or tow (State or country)	Narylan		<b>y</b>	Differ Contributory Causes of importance:	6/20/35
1ER	13. NAME Samue	l Milbour	ne			
FATHER	14. BIRTHPLACE (city o (State or country		et Coun	ty	Name of operation Date of What test confirmed diagnosis? Was there an a	autopsy?
HER.	15. MAIDEN NAME E	sther Spe	ncer		23. If death wes due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city o (State or countr			ty	Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State	
		e Charles			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	vergreen C	r REMOVAL enetery Harylapj	Date June	26th.19.35	Manner of Injury	
19.	UNDERTAKER AND (Address) OCO	moke City	Str.	eusn	24. Was disease or injury in any wey related to occupation of deceased?	NO
20.	FILED from 2	1,1925 /10	hm 7. 1	Registrar.	(Signed) Poloturtie Cientus	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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- 9.—The industry or business in which the work was done.

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Herse			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

TION is very important. See instructions on back of certificate.

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	iter	Sh	jo
	Every	CIANS	ement
4	3	YSI	stal
	R. CC	. PH	Exact
OR BINDING	A PERMANENT R.C. J. Every item	ated EXACTLY. PHYSICIANS shou	operly classified. Exact statement of O
BI	PER	A	ly (
OR	A	ated	oper

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07002
1. PLACE OF DEATH	
County Woreester	Registration Dist. No. 002
Village or City 13 which 12. F. 18.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah E. Har	mon.
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Afric the word)	21. DATE OF DEATH
Hemale While Widow	(Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1853	
6. DATE OF BIRTH (month, day, end year) Makanasow	lest saw h elive on
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to heve occurred on the detestated above, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
9 Trade profession or porticular	were as rollows.
SAWYER, BOOKKEEPER, etc.	Myocardetis; Chronics uskus
9. Industry or business in which work wes done, as SILK MILL,	Dividion: Inknowns
SAW MILL, BANK, etc	-
O this occupation (month end spent in this occupation occupation	
and	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	The state of the s
	Mulling
E CONTRACTOR OF THE PROPERTY O	
14. BIRTH/LACE (city or town)	Name of operation
	Whet test confirmed diegnosis? Wes there an autopsy?
H CONTRACTOR	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
College of country)	Where did injury occur? (Specify city of town, county and State)
17. INFORMANT Ales Only Withers	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Lougheles Date June 24, 19 30	Neture of injury
19. UNDERTAKER II. W. Blackage	24. Was disease or injury in end way related to occupetion of deceased?
(Address) ( ) Butter brid	If so, specify W Two west
20. FILED June 1955 - I V Muniford LOED,	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

1. The industry or business in which the work was done.

The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	$\mathbf{BY}$	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH County\_\_ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where eath occurred ds. How long in U. S. if of foreign birth? vrs. mos. ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. if married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1885 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at\_ 1 day, ---- hrs The PRINCIPAL CAUSE OF DEATH end related causes of Importance Date of enset Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may IO. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation \_\_\_\_\_ Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) HER 13. NAME FAT See 14. BIRTHPLACE (city or town)\_ Name of operation... plain (State or country) efully What test confirmed diagnosis? ...... Was there an autopsy? .... HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in MOT 16. BIRTHPLACE (city or town) DEATH Where did injury occur? \_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, plnods 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR Manner of injury \_\_\_ CAUSE LION 24. Was disease or injury in any way related to occupation of deceased? If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	- X
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V.S.	c		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		CALCULE TO LANGUAGE TO STATE OF THE PARTY OF	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICI	AN



V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07004
1. PLACE OF DEATH	(159)
County Somesler	Registration Dist. No. 1955
Village or City Wholepulle (If	
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Inlant Jackson	
(a) Residence: No. Wholehele md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white single	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of 8 mgle	Jul 3 1986, to Jul 4 1985
6. DATE OF BIRTH (month, day, and year) June 3 - 35	I fast saw harm alive on July 3 19 380; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day, 20-hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.	Premaline buth bes-
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupation (month and year)	
1.1.0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I D	hine
4 14. BIRTHPLACE (city or town) 4 Cut	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
= 0000000000000000000000000000000000000	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
as le archron	(Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Never med Date Inl 4, 1938	Nature of injury
19. UNDERTAKER John Burbagge Y 6	24. Was disease or injury in any way related to occupation of deceased?
(Address) Berlin Ind.	If so, specify  (Signed) a A Holland M. D.
20. FILED to H , 195 Nella J. Nathalla Registrar.	(Address) Berlin Orth
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II			
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE C	F MARYLAND-	CERTIFICATE OF DEATH
3		A 11 A
County Warcesty		Registration Dist. No. 3 5 2
Village or City hewark	ma.	NoSt.,Ward
Length of residence in city or town where of the company of the co		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Caloud	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (aprile the word)	21. DATE OF DEATH  funce  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year)	ray 10 1934	I last saw h; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	no	Dosothy Diwalica
this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	11. Total time (years) spent in this occupation	Other Coutributory Causes of Importanca:
13. NAME Jack	Brawn	
(Stata or country)	ida	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME CSULLU  16. BIRTHPLACE (city or town) Ven  (State or country)	Johnson work med	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?
17. INFORMANT Estella (Address) yewar	Johnson med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place remarion, or removable	Date June 17 ,1934	Manner of injury
19. UNDERTAKER Charles (Address) 5 now (F	Purnell ill mel.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  ### Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

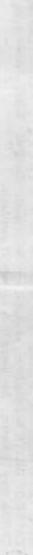
11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis'	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



V. S. No. 1 N. B.—

1. PLACE C	County Worcester			46.0	Dogistration	Registration Dist. No. 350			
	Village or City Pocomoke City				No. 6 Front	Registration			
Village of City POCOMORE OLDY				No. 6 Front death occurred in a horpital or insti	tution, give its NAN	ME instead of street at	Ward		
Length of re	sidence in cit	ty or town where	death occur	red 5	yrsmos	ds. How long in U.S. it	of foreign birth?	yrs	_mosds
2. FULL NA	ME 01	evia Tl	nomas	Non	rtham				
(a) Reside	nce: No	6 From	at			St., Ward.			
				al place of				nt give city or town a	
		D STATIST						E OF DEATH	
emale		r or RACE	OR DE		(write the word)	Pocomoke Cit		14th.	, 193 <u>5</u>
5a. If married, wido HUSBAND of									
(or) WIFE of	A.H.	Northan	n			1 HEREB	193	That I attend	led deceased from
6. DATE OF BIRTH	(month dou	and year) Tan	1 rr 9 m	nd.18	261	I last saw here alive on	JAL	14" 10	5; death is sal
	ears	Months		ys	If LESS than	to have occurred on the date sta	ted above, a6 • 4	per ton	, 00011113 3011
7	0	11	1	2	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DE.			
8. Trade, prof	ession, or pa	rticular			01	were as follows:	11.		Date of onset
kind of SAWYE	work done, R, BOOKKEE	as SPINNER, PER, etc	Ho	use	vife	LALICE, C	TIVE	= 12	Z
kind of SAWYE 9 Industry or work w SAW M	business in as done, as S ILL, BANK, e	which					0		
SAW M		ked at Oct	1 11	Total tim	o (veare)				
this occ year) _	upation (mor	nth and 193	34	Total tim spent occup	in this Life				
		Accomo	e Con			Other Contributory Causes of im	portance:		
12. BIRTHPLACE ( State or co			ginia			ASCIVES	5.		tuck 3
13. NAME (74	orros	Thomas	Russ	rell		GENERA-	nF/ri1	for the	3/10
I	_	wn) Accom			V	Name of operation	N. F. U	Date of	- June
(State	or country)		gini		e <sup>x</sup>	What test confirmed diagnosis?_	_		
五 15. MAIDEN N	AME M	ary Dix				23. If death was due to external of			
15. MAIDEN N	E (city or to	wn) Accom	ac C	ount	v	Accident, suicide, or homicide?_			
∑ (State	or country)		inia	a someth	<del>-</del>	Where did injury occur?			
		.B.Will			3	Specify whether injury occurred	(Specify city of in INDUSTRY, in H	or town, county and S IOME, or In PUBLIC	State) PLACE.
	POCOM		y, Ma.	ryLa	na.				
18. BURIAL CREMA Na 15011 Place 144	s cem	etery	Date	unel	6th 19 35	Manner of Injury			
	J.	P	1/-	10	401	Tractic of Injury	1		No
19. UNDERTAKER	OCOM	oke Cit	v.Mar	evil o	nd	24. Was disease or injury In any If so, specify	way related to occu	in deceased?.	
1	16	55 /		7.	Reden	(Signed)	Carly	ass	M f
20. FILED	, l	9			Renieste	(Address)	collide	olecus	Lead

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
1915	Attack of epilepsy	1 week ago			
1921	Run over by street car	1 week ago			
July 5,1927	Peritonitis	3 days ago			
	Other contributory causes of importance:				
May 1,1923	Gastroenteritis	1 year			
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July5,1927 Peritonitis  Other contributory causes of importance:			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
		Registration Dist. Np. 3174
c of	Village or City Stackton and	No.
item s show	(Ir	death occurred in a nospital or institution, give its NAME, instead of street and number)
Every CIANS ement	6 1	ds. How long in U.S. if of foreign birth?mosds.
D. Ever SICIAN tatemen	2. FULL NAME Cothel mac Valme	<b>Y</b>
TYSIC state	(a) Residence: Np. (Supplied of abode)	St., Ward.  If nonresident give city or town and State
R. ecc. PHY Exact st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
E C Z D	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
BIND: PERMA EXA ly class		, 19, to, 19
	6. DATE OF BIRTH (month, day, end year) Often 19 193	I last saw h elive on, 19; death is sald to have occurred on the date stated above, at 7:34 P.m.
FOR IS A F stated properl	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 70	8. Trade, profession, or particular	were es follows:  Oate of onset
ED HIS be be of of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
ERV] VK—T should it may n back	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (most) and	Ital no Dactor in
SE N Sh sh it	10. Date deceased last worked at this occupation (month and spent in this	- atturdance
RES IG I IGE that	this occupation (month and spant in this occupation occupation	Other Contributory Causes of importance:
4 4	12. BIRTHPLACE (city or town) Starbfour	Other Contributory Causes of Importance.
ARGIN REUNFADING upplied. AGI	(State or country) many land	
7 5 7 4	I	
- TO	14. BIRTHPLACE (city or town) - Complexies   14. BIRTHPLACE (cit	Name of operation Date of What test confirmed diagnosis? Was there en eutopsy?
Y, WITI carefully (H in pla	15. MAIDEN NAME Emma Palmer	23. If death was due to external causes (VIDL ENCE) fill in also the following:
INLY, WI be careful EATH in primportant.	15. MAIDEN NAME Enna Palmar  16. BIRTHPLACE (city or town) Stockfare,	Accident, suicide, or homicide?Date of injury19
INLY, be can EATH import	(State or country)	Where did injury occur? (Specify city or town, county and State)
PLAI hould OF DE	17. INFORMANT Comma Palmas (Address) Lechtun md	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Part and the second	18. BURIAL, CREMATION, OR REMOVAL Stachten. Ind	Manner of injury
-WRITE mation s CAUSE TION is	Place Formand Sunsking Oate June 2 4-, 1931	Nature of injury
T T E O F	19. UNDERTAKER Sammy Gummat.	24. Was disease or injury in any wey related to occupation of deceesed?
S. No.	O STATE OF THE	(Signed) Mary maybe Local Regular
Þ Z	2D. FILED M. 2nd 1931 M. M. Registrar.	(Address) Aselson mil
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	ar-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



V. S. No. 1 N. B.—V

STATE	OF	MARYI	AND-	CFRTII	FICATI	FOF	DEATH
SIAIL		MAKIL	MINU	CERIII	ICALI		DEALD

070018

1. PLACE OF DEATH	(3)
County Worcester	Registration Dist. No. 3
Village or City_Stockton(I Length of residence in city or town where deeth occurred_80_yrs_1mo	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  St. 7 ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Peter Wilson Paradise (a) Residence: No. Stockton (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWEY	21. DATE OF DEATH Stockton June 24th., 193.5 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mary Anne Paradise  6. DATE OF BIRTH (month, dey, and year May 17th. 1855.	22. I HEREBY CERTIFY, Thet I ettended deceesed from  1935, to June 24, 1935.  Viest sew have alive on June 24, 1935; deeth is said
7. AGE Years Months Deys If LESS then	to heve occurred on the dete stated above, at 4 . O O A.m.
80 1 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked at Oct. this occupetion (month end year) spent in this Life  12. BIRTHPLACE (city or town) Worcester County (Stete or country)  Maryland.	Other Contributory Causes of Importance Glast
13. NAME John Paradise	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Amelia Mason  16. BIRTHPLACE (city or town) Maryland.  (State or country) Maryland.  17. INFORMANT William Paradise (Address) Stockton, Maryland	23. If death wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18-BURIAL GREMATION OR REMOVAL PleceStockton-Md	Manner of Injury
19. UNDERTAKER LEMONT P. Stuceson (Addiess) Pocomoke City, Maryland.	24. Wes disease or injury in any way releted to occupation of deceesed?
20. FILED. Jane 25, 1921 mm. Taylor. Registrar.	(Signed) Strain Strain M.D. (Address) Strains to the Med

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RESO stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. V. S. No. 1

Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR-DIVORCED ("write the word)  5a. If married, widowed, or divorced HUSBAND ("Word HUSBAND")  4. DATE OF DEATH  21. DATE OF DEATH  22. I HEREBY CERT IF That I attended dependent of the data visible down, at.  A. ACE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  The PRINCIPAL CAUSE OF DEATH and glated causes of importance were as followy:  Length occurred in the horpital or institution, give its NAME instead of street and number)  Where as follows:  13. NAME  14. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR-DIVORCED ("write the word)  24. DATE OF DEATH  25. I HEREBY CERT IF That I attended dependent of the data visible down, at.  A. M.  The PRINCIPAL CAUSE OF DEATH and glated causes of importance were as followy:  Let a state of the data visible down, at.  S. ANTARE, BOLKEERER, etc.  S. ANTARE, BOL	STATE C	F MARYLAND—	CERTIFICATE OF DEATH	(15)9
Village or City Clean College (If death occurred in a horpital or institution, give in NAME instead of street and number)  Legith of residence in city or town where death occurred.  (a) Residence: No.  (b) Residence: No.  (c) Residence: No.  (d) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  ONL-DWORGED (winite the word)  ONL-DWORGED (winite th	1. PLACE OF DEATH		(3)	
Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town and State.  Length of residence in city or town.  Length of residence in city or town.  Length of resident give city or town.  Length of residence in city or town.  Length of residence in city or town.  Length of resident give city or town.  Length of resident give city or town.  Length of the state and state.  Length of resident give city or town.  Length of the state and state.  Length o	County Aucester		Registration Dist. No. 313	
Length of residence in city or town where death occurred.  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OB. DIVINED (write the word)  5a. If married, widowed, or divorced (or) wife of Security of town and State of Condition of Oscillation of Condition of	Village or City Ollan G	ly	110	Ward
(a) Residence: No.  (Usual place of abode)  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKIED, WIDOWED. OR DIVORCED (write the word)  53. If married, widowed, or divorced HUSSANO (or particular Kind of work done, as SPINNER, Or. SANYER, BOOKKEERE, etc.  9. Industry or business in which SAW MILL, BANK, etc.  10. Date Geassed last worded at this cocupation (month and year)  10. Date Geassed last worded at this occupation (state or country)  11. Integration of the properties	t enable of residence to city on town when			er)
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEK  4. COLOR OR RACE  5. SINCLE, MARRIED, WIDOWED, OB-DAYORCED (write the word)  5a. If married, widowed, or diverced (or) wife of January State  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  8. Trade, profession, or particular widowed, or diverced (or) wife of January State (or) wife or town or wife of January State (or) wife or town or wife of January State (or) wife or town or wife of January State (or) wife or town or wife or town of January and State (or) where did Injury occur?  15. Marthelack (city or town) State or country)  16. Birthelack (city or town) State or country)  17. INFORMANT State or country)  18. Informant State (or) or town or was country and State)  18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	6/1: 1 V	learn occurred yrsmos	now long in U.S.If of foreign birth?yrsmos	ds.
Personal and State	2. FULL NAME CONTACO	1 11.9 alson	of the mo	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, (Month)  5. If married, widowed, or diverced (Month)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trade, profession, or particular kind of work done, as SPINKER, SAWER, BOOKEEPR, etc.  9. Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation month and year)  11. Total time (years) spent in this occupation (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  17. INFORMANT  18. If COLOR OR RACE  19. SINGLE, MARRIED, WIDOWED  19. LIANT OF DEATH  (Month)  (Day)  (Yea  22. I HE REBY CERT I For That I attended dagesesed day of the data state	(a) Residence: No.	(Usual place of shode)		
3. SEX 4. COLOR OR RACE OR-DIVORCED Comite the word) OR-DIVORCED Comite the word) OR-DIVORCED Comite the word) OR-DIVORCED Comite the word) Sa. If march, widowed, or divorced HUSBAND of (or) WIFE of Amuel Amelian A	PERSONAL AND STATIST			-
6. DATE OF BIRTH (month, day, and year) Selection of particular wind of work done, as SPINNER, SAWYER, BOKKEPER, etc.  9. Industry or business in which work was done as SPINNER, SAWYER, BOKKEPER, etc.  9. Industry or business in which work was done as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  17. INFORMANT  17. INFORMANT  18. Maiden And And And And And And And And And An	Kenale Ithile	OR DIVORCED (write the word)	June 13, 196	3 5 e (Year)
7. AGE Years Months Days If LESS than I day,	HUSBAND of (or) WIFE of Samuel 1	Paisns	22.   I HEREBY CERTIFY That I attended dage	ased from
8. Trade, profession, or particular kind of work done, as SPINNER, SAWTER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. MANDE  19. Mande  10. Date deceased last worked at this occupation  Other Contributory Causes of Importance:  18. Name of operation  What test confirmed diagnosis?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	6. DATE OF BIRTH (month, day, and year)	W. 14, 1856.	last saw here alive on Here 12 1935; de	ath Is sald
8. Trade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. Trade, profession or particular kind of work done, as SILK MILL, saw Mill, BANK, etc.  19. Industry or business in which work was done, as SILK MILL, saw Mill, BANK, etc.  11. Total time (years) spent in this occupation (month and year)  Other Contributory Causes of Importance:  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	7. AGE Years Months	1		
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME   14. BIRTHPLACE (city of town) (State or country)  15. MAIDEN NAME   16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. MANUAL  19. Industry or business in which work was done, as SILK MILL, Say MI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at Hone	Offence Out tof pretty	
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. MANUE  19. MANUE  10. Date deceased last worked at this occupation  19. Other Contributory Causes of Importance:  10. Other Contributory Causes of Importance:  11. Total time (years)  spent in this occupation  Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Date of injury  Newer did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	9. Industry or business in which work was done, as SILK MILL.		Horolysed 11	100
12. BIRTHPLACE (city or town)   Citate or country)   13. NAME   14. BIRTHPLACE (city or town)   Citate or country)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. Manuel   18.	SAW MILL, BANK, etc.	11 Total time (veers)		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. Manue  19. Manue  20. Ma	- tino occupation (month and	spent in this		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME (Unre) Survive State or country)  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury 19. 19. (Specify city or town, country and State)  17. INFORMANT MAN. Manue 1 Cause Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		A A	Other Contributory Causes of Importance:	
What test confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME (Unne) Suring Store  16. BIRTHPLACE (city or town) (State or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	13. NAME GOALDON	Anun Bond		
15. MAIDEN NAME (In the Second of Se	14. BIRTHPLACE (city or town)	y f		>
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		illi- askes		sy?
17. INFORMANT MAS. Manue 1. Cause Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	16. BIRTHPLACE (city or town) (State or country)	tustand	Accident, suicide, or homicide? Date of injury	, 19
(Address) Oclay), May		2) Caus,	(Specify city or town, county and State)	
18. BURIAL, CREMATION, OR REMOVAL  Place I allowshing, Md. Date 6/16/35, 19  Nature of injury  Nature of injury	18. BURIAL, CREMATION, OR REMOVAL	P. Date 4/16/35,19		
19. UNDERTAKER The Wilk to State of the Stat	/A //	Mayor Co.		-
20. FILED 6/16, 1935 9-8. Mussifum (Signed) To from Elegistrar. (Address Dean Elegistrar.	20. FILED 4/6 , 193+ 9	-8. Mussford		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
· WEREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
******	OF TROM	TOTO	T CALLETTA	O T A Y T T T T T T T T T T T T T T T T T	101	T TT T DIOTOTAL



	Registration	Dist. No. 308	2
VD occurred in a horpital or ins	stitution, give its NAM	St.,_ E instead of street at	Ward number)
ds. How long in U.S.	if of foreign birth?	yrs	_mosds.
If U.S. Veteran s	pecify WAR No		**************************************
t.,Ward.	If nonresident	give city or town	and State
MEDICAL	CERTIFICATE	OF DEATH	
DATE OF DEATH	June (Month)	26 (Day)	193 <b>3</b> *
	(Month)	(Day)	(1001)
at saw h alive on_ ave occurred on the date s PRINCIPAL CAUSE OF DI a as follows:	ated above, at M.O.	20 ,19 3 C.m.	36 , 1932 Significant death is said
Nes	Coleta	8	gre 12:
Nes	Coleta	0	Date of onset
er Contributory Causes of i	mportance:	8	July 13:
New		<i>S</i>	Date of onset
or Contributory Causes of i			Date of onset
er Contributory Causes of i	mportance:	Date o	0
er Coatributory Causes of i	mportance:	Was there a	in autopsy?_?
er Contributory Causes of i	mportance:	Was there a	in autopsy? ?
er Contributory Causes of i	mportance:	Was there a	ring:

-WRITE

TION is

17. INFORMANT. (Address)

19. UNDERTAKER (Address)

18. BURIAL, CREMATION, OR REMOVAL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Spe

Nature of injury.

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	and see
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONAL	DI ACIE	LOIL	I ORTHER	STATISMIENTS	10 1	LILIBIOIAN



BINDING

RESERVED

ARGIN

S. No. 1

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ADDITIONAL S	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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M	D. Every item of infor- YSICIANS should state statement of OCCUPA.
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FOR BINDING	IS A PERMANENT'I stated EXACTLY. Droperly classified. E
ED	HIS he so of co
V.S. No. 1	N. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT REC. D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
», «	z (

V. S. No. 1

County Worceoler - Registration Dist. No. 35/ Village or City New arte R. J. D. No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City    Comparison   City   Comparison   City   Comparison   City   Comparison   City   Comparison   City   City   Comparison   City   City   Comparison   City   City	1. PLACE OF DEATH	(108)
Langth of residence in city or town where death occurred of J. 175		Registration Dist. No. 3 4
2. FULL NAME  (a) Residence: No. Place Mountain Country (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SIXX  4. COLOR OR RACE  OR DIVORCED Country the by odl)  5a. It married, widowed, or divorced  HI SSAND of Corp birt o		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Julia Mulliplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DAYNORED (one) WIDOWED OR DIVORCED	I small of continues to the same and a same a	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ON DIVORCED (curic the yord)  50. If married, widowed, or divorced (or) WiFe of Color of BRTH (month, day, and year)  5. DATE OF BRTH (month, day, and year)  6. DATE OF BRTH (month, day, and year)  7. AGE Years Monihs Days 1/LESS than 1 day, hes, ormin.  5. Trade, profession, or particular SANVIER, BOOKREFER, etc.  7. AGE SANVIER, BOOKREFER, etc. 5. SINGLE, MARRIED, WIDOWED  1. Individual on the falle stated above, at I. I.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were particles.  1. Individual or besides in which SAN MILL, BANK, etc.  1. Date doeseed alsa worked at this occupation (month and 1934 separation this occupation (month and 1934 separation this occupation)  1. BIRTHPLACE (city or town)  1. Sale or country)  1. Informant Sale of Country  1. Informant Sale of Cou	2. FULL NAME Levige W. Shockle	4
3. SEX  1. COLOR OR RACE  1. C	(Usual place of abode)	
So. If married, widewed, or divorced HUSAND of (Or) wife of So. If married, widewed, or divorced HUSAND of (Or) wife of So. If married, widewed, or divorced HUSAND of (Or) wife of So. If married, widewed, or divorced HUSAND or (Or) wife of So. If married, widewed, or divorced HUSAND or (Or) wife of So. If the EBY CERT I FY, That I attended deceased from the HUSAND or (So. In the So. I and th		MEDICAL CERTIFICATE OF DEATH
Sa. If married, widowed, or divorced HUSARUP of Control	male Colored on arrive the word)	193 8
5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Monith  Trade, profession, or particular kind of work done, as SPINNER, SAWMER, BOOKEPER, etc.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done, as SILK MILL.  9. Industry or business in which was done, as SILK MILL.  9. Industry or business in which was done, as SILK MILL.  9. Industry or business in which was done, as SILK MILL.  9. Industry or business in which was done, as SILK MILL.  9. Industry or business in which was done, as SILK MILL.  9. Industry or business in which was done, as SILK MILL.  9. Industry or business in which was done, as SILK MILL.  9. Industry or business in which was done, as SILK MILL.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done as SILK MILL.  9. Industry or business in which was done do substantial to have occurred in Importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or business in which was done of importance:  9. Industry or b	HUSBAND of	
Taker Years  Months  Days  It LESS than 1 day, hrs. or min.  1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were at follows:  SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURRAL, CREMATION, OR REMOVAL Place  (C. C. C	(OT) WIFE OF Auster Stockley.	5/25/25 19 to 6-1 attended deceased from
Taker Years  Months  Days  It LESS than 1 day, hrs. or min.  1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were at follows:  SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURRAL, CREMATION, OR REMOVAL Place  (C. C. C	6. DATE OF BIRTH (month, day, and year) unknown.	I last saw h alive on 5 - 3
8. Trade, profession, or particular, kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  3. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  4. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  5. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  6. I.O. Date deceased last worked at year)  6. It is occupation (month and 1/3 4 spant in this occupation (month and 1/3 4 spant in this occupation)  7. It is provided in the same of the		to have occurred on the date stated above, at k
B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and 1934   11. Total time (years) spant in this occupation (month and 1934   11. Total time (years) spant in this occupation (month and 1934   11. Total time (years) spant in this occupation (month and 1934   13. NAME   14. BIRTHPLACE (city or town)		Were as follows:
S. Industry or business in which work was done as SILK MILL.  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 1934 11. Total time (years) spant in this some spant in this spant in this some spant in this spant in this some spant in this some spant in this some spant in this spant in this some spant in this some spant in this spant in this spant in this some spant in this call spant in this spant in t	kind of work done, as SPINNER.	Lobon Rulemones Date glonet
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13, NAME   14, BIRTHPLACE (city or town)   15, MAIDEN NAME   16, BIRTHPLACE (city or town)   16, BIRTHPLACE (city or town)   17, INFORMANT   18, BURIAL, CREMATION, OR REMOVAL   18, BURIAL, CREMATION, OR REMOVAL   18, BURIAL, CREMATION, OR REMOVAL   19   35   25   20   20   50   50   50   50   5		Eypopun
What test confirmed diagnosis? Was there an au'opsy? Land 15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)		
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(Address) N revarl mid  18. BURIAL, CREMATION, OR REMOVAL Place Ce dan Cuspel Date Quant 2, 1935  19. UNDERTAKER (Address)  Nature of injury (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed) (Signed) (Signed) (Address)  (Address)  (Address)  (Address)	2-10	(Specify city or town, county and State)
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(Address) Berlin M.J.  20. FILEO 6/1/, 1935 Refloy Swith, (Signed) Clifford Exhault M.D.  Registrar. (Address) Mewark M.D.	Place was was one of unl 2, 1935	Nature of Injury
20. FILEO 6/1/ 1935 REROY Scrieth. (Signed) Clifford Elloth M. D. Registrar. (Address) Pleasant M. D.	()	24. Was disease or injury in any way related to occupation of deceased?
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	1	BOA P DA L

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ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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Length of residence in city or town where death occurred ys	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	(E)
Village or City  Langth of residence in city or town where death occurred  A. Color or Rotal  (a) Residence: No	County Worces ler.	2 :5 :
Length of residence in city or town where death occurred.  2. FULL NAME.  (a) Residence: No. (Unadiplace of sheets)  3. SEX  4. COLOR OR RACE  5. SINCLE MARRID WIDOWED.  OR DIVORCED (Jumis the word)  5. If married, widowed, or divorcedy (or) Wile of Color DEATH  2. Last saw h. silve on. 19. 19. 19. 11. Its saw h. silve on. 19. 19. 19. 11. Its saw h. silve on. 19. 19. 19. 11. Its saw h. silve on. 19. 19. 19. 11. Its saw h. severa as follows:  8. Trade, profession, or particular R. SAW (MILL, BANK, etc. 19. 10. Debt occurred on the date stated above, at. 19. 19. 10. Debt occurred on the date stated above, at. 19. 19. 10. Debt occurred on the date stated above, at. 19. 19. 19. 10. Debt occurred on the date stated above, at. 19. 19. 10. Debt occurred on the date stated above, at. 19. 19. 10. Debt occurred on the date stated above, at. 19. 19. 10. Debt occurred on the date stated above, at. 19. 19. 19. 10. Debt occurred on the date stated above, at. 19. 19. 10. Debt occurred on the date stated above, at. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Village or City Near Bulling	No. St Mar
(a) Residence: No. The Country (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3, SEX  4. COLOR OR RACE  5. SINCLE MARRED, WIDOWED  OR DIVORCED (which the word)  5. If married, widowed, or divorced- (or) Wife of Control or Months  7. AGE  Years  Months  1 (1429,h.s.  1 (1494,h.s.  1 (1494,h.s.  1 (1094)  22. I HEREBY CERTIFY, That I ettended deceased from the word of the stated above, at	Length of residence In city or town where death occurredyrsmo	
Consideration gives city on slown and State		nach.
3. SEX 4. COLOR OR RACE OR DIVORCED (write the weed)  Sa. If married, widowed, or divorced (cor) wife of which the weed)  Sa. If married, widowed, or divorced (cor) wife of which the weed)  Sa. If married, widowed, or divorced (cor) wife of which the weed)  Sa. If married, widowed, or divorced (cor) wife of which the weed)  Sa. If married, widowed, or divorced (cor) wife of which the weed (cor) wife of which the week (cor) wife of which the week (cor) wife of which does as SIK MILL, SAW MILL	(Usual place of abode)	If nonresident give city or town and State
Sa. If married, widowed, or divorced (Month) (Day) (193) (Post) (Day) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month)		MEDICAL CERTIFICATE OF DEATH
5. If married, widowed, or divorced of the state of the s	OR DIVORCED (purite the word)	June 2 _ 193 S
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Day  If LESS than 1 day,h.s. or. min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAVER, BOOKKEPER, etc.  10. Jungstry or Business in which work was done, as SLK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month endy 9.2 9 industry or business in which work was done, as SLK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month endy 9.2 9 industry or business in which work was done, as SLK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month endy 9.2 9 industry)  12. BIRTHPLACE (city or town) (Slate or country)  13. NAME  14. BIRTHPLACE (city or town) (Slate or country)  15. MAIDEN NAME  MAID	HUSBAND of	
7. AGE Years Months Deys If LESS than I day		, 19, to, 19, 19
The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:    Salver   Sa		
8. Trade, profession, or particular kind of work done, as SPINKER, SAWER, BOOKEEPER, etc.  9. Industry or business in which was done as SSILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end 92 9 11. Total time (yes/s) spent in this year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  19. UNDERTAKER  (Address)  20. FILED Lo. + + 19.55  Abello F. Hauward  (Address)  21. Specify was there an au'opsy?  22. Was there an au'opsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIG PLACE.  (Address)  19. UNDERTAKER  (Address)  20. FILED Lo. + + 19.55  Abello F. Adamata  (Address)  (Signed)  (Address)	1 dayhrs.	
Note Tourishing the second of	/5 / 0   2 L   ormin.	were as follows:
Name of operation.  State or country)  12. BIRTHPLACE (city or town).  (State or country)  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME MAI	8. Trade, profession, or particular kind of work done, as SPINNER.	
SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month end 92 9 11. Total time (years) spant in this occupation (month end 92 9 12. BIRTHPLACE (city or town).  (State or country)  11. Total time (years) spant in this occupation (month end 92 9 12. BIRTHPLACE (city or town).  (State or country)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME Manuary Manua	SAWYER, BOOKKEEPER, etc	(N) n 11 -
10. Data deceased last worked at this occupation (month end 92 9 spant in this occupation (month end 92 9 spant in this occupation (month end 92 9 spant in this occupation (State or country)  12. BIRTHPLACE (city or town)	SAW MILL PANK ata	Lar. Mymus
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there en au'opsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  15. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER  (Address)  Manner of injury  Nature of injury  Nature of injury  (Signed)  Manner of (Address)	O 10. Data deceased last worked at 11. Total time (years)	
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Place  19. UNDERTAKER (Address)  20. FILED 10 - 4 1,1935  18. Date  19. Was there en au'opsy?  21. INFORMANT  Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Nature of injury  Nature of injury  19. UNDERTAKER (Address)  10. FILED 10 - 4 1,1935  10. Address)  Name of operation  What test confirmed diagnosis?  Was there en au'opsy?  20. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Obate of injury  Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify (Signed)  M. (Address)	12. BIRTHPLACE (city or town) Maryland	Other Contributory Canses of importence:
Whet test confirmed diagnosis? Was there en au'opsy?  15. MAIDEN NAME March Development of the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT March Development of the following:  18. BURIAL, CREMATION, OR REMOVAL Place Development Date June Manner of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED LO - H., 19 35 The last of the following:  Whet test confirmed diagnosis? Was there en au'opsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify  (Signed)  M.  (Address)		-
Whet test confirmed diagnosis? Was there en au'opsy?  15. MAIDEN NAME March Development of the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT March Development of the following:  18. BURIAL, CREMATION, OR REMOVAL Place Development Date June Manner of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED LO - H., 19 35 The last of the following:  Whet test confirmed diagnosis? Was there en au'opsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify  (Signed)  M.  (Address)	I IS. NAME PLOTE LELLEY	
Whet test confirmed diagnosis? Was there en au'opsy?  15. MAIDEN NAME March Development of the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT March Development of the following:  18. BURIAL, CREMATION, OR REMOVAL Place Development Date June Manner of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED LO - H., 19 35 The last of the following:  Whet test confirmed diagnosis? Was there en au'opsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify  (Signed)  M.  (Address)	4 14. BIRTHPLACE (city or town)	Name of operation Date of
16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  Place  Date of injury  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify  (Signed)  M. (Address)  M. (Address)		Whet test confirmed diagnosis? Was there en au'opsy?
16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  Place  Date of injury  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify  (Signed)  M. (Address)  M. (Address)	I 15. MAIDEN NAME Marcha / Senderson	23. If death was due to external causes (VIOLENCE) fill in elso the following:
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Address  19. UNDERTAKER  (Address)  20. FILED 10 - 4 , 1935  Allen F. Hayward  (Address)  Where did injury occurr?  (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify  (Signed)  (Address)  Manner of injury  (Signed)  (Address)	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
17. INFORMANT AVAILABLE CANDON OF THE PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Address)  19. UNDERTAKER  (Address)  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify  (Signed)  M. M. Rejistrar.  (Address)	(State or country)	Where did injury occur?
Place Cuergeen Date June 7, 19.35  Nature of injury  Nature of injury  19. UNDERTAKER (Address)  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify  (Signed)  (Address)  M.  (Address)	17. INFORMANT Mr. Ham Smack (Address) Fromhere made	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Curing Date June 7, 19.35  Nature of injury  19. UNDERTAKER 24. Wes disease or Injury In eny way related to occupation of deceased (Address)  20. FILED 10 - 4 1935 Helen F. Hayward (Signed)  Registrar. (Address)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNDERTAKER (Address)  24. Wes disease or Injury In eny way related to occupation of deceased.  If so, specify  20. FILED Lo - + 1935 Helen G. Hayward  (Signed)  (Address)  (Address)	Place Evergreen Date June 1, 1935	
(Address)  20. FILED Lo - 4- 1995 Helen F. Hayward (Signed)  (Address)  (Address)  (Address)	19 HNDERTAKER D. W. Bushan	
20. FILED LO-4-, 1935 Helen F. Hayward (Signed) (Address) Replication M. (Address)		
	20. FILED Lo-4- 1935 Helen F. Hayrvar	d (Signed) has I daw M. E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEAL N. S.			
Other contributory causes of importance:	12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



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FOR BINDING

MARGIN RESERVED

V. S. No. 1

of OCCUPA-

Exact statement PHYSICIA WITH UNFADING INK-THIS IS A PERMANENT RECO stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. N. B.—WRITE PLAINLY,

1. PLACE OF DEATH	I WIAIN	LAND	197-a
County Worcester			Registration Dist. No.
Village Dr City POCOMOKe C  Length of residence in city or town where dea		(If	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Aline V (a) Residence: ND.			St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE pemale Colored		RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			(Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH (month day and year) Me	v 1	1935	, 19, to, 19, 19; death is said
7. AGE Years Months Months	Days —	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 2.15. M. M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc			From History, the death was from Date of onset a natural cause probably Broncial Pnemonia
SAW MILL, BANK, etc	occu	tin this pation	No. Physician in sttendance  Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Pocomoke (State or country) Waryla	ind	A. F. D	
13. NAME Oliver James W	ard Jr.		
13. NAME Oliver James W 14. BIRTHPLACE (city or town) Pocomo (State or country) Maryl	and.	7.R.F.D.	Neme of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Anny Aline Downing 16. BIRTHPLACE (city or town). New Church (State or country) Virginia			23. If death wes due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?
Olover James		Jr Md	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Trir Worcester Co. Md.		1. 19 35	Manner of Injury
19. UNDERTAKEN Father) Olive		rd Jr	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED June 1, 19.35. Joh		ley Registrar.	(Signed) Pocomoke City. Md.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A STATE OF THE STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Worlester	Registration Dist. No. 332
Village or City Bishy Wille	No. St Ward
( )	If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Packet Whaley	
(a) Residence: No. 14, 14, 15. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemsele Col OR DIVORCED (quite the word)	June 10th 1935
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
000000000000000000000000000000000000000	,19 , to fine 10th , 19 31
6. DATE OF BIRTH (month, day, end year) (May 0, 93  7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death Is said to have occurred on the date stated above, at m m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carrent la A Office O Line I
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this recursion (mostly and	The Routered Relieve
SAW MILL, BANK, etc. Arusewall	Light
Spant in this	Nome
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Coroners inquest held
	Where timered ocased.
I Macy	( 6 /
14. BIRTHPLACE (city or town) (State or country)	Namo of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
- Thurst Share	23. If death wes due to external ceuses (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Homeside Data of injury 6/10 1934
No. Pl gill nl.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Of Colonial Col	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury June Short Waren &
Place St. Harris Date Science 1, 19 30	Nature of Injury Head
19. UNDERTAKER I. M. B. Whage	24. Was disease or injury In any way related to occupation of deceased? 200
(Address) Beelen and	If so, specify
20. FILED June 12, 1985 - I V Muniford	(Signed) Med ( Wulne H. leting Curatte
ha fall Registrar.	(Address) Berlie, 24
If more blanks are needed Addres State Penistran	And M. Charles Comp. P. L. P. Comp. D. C. Comp.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A BUNEAU V S -			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN